

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-876)						SERIAL NO.		FILING DATE	
						APPLICANT(S)		09/807573	
CLAIMS									
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.
1							51		
2							52		
3							53		
4							54		
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6							56		
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42							92		
43							93		
44							94		
45							95		
46							96		
47							97		
48							98		
49							99		
50							100		
TOTAL IND.	6		2				TOTAL IND.		
TOTAL DEP.			39				TOTAL DEP.		
TOTAL CLAIMS	10		39				TOTAL CLAIMS		

PTO-1250 (2-78)

MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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